	3
UTILITY	_
ATENT APPLICATION	N

·	10-4-8
Attorney Docket No.:	IA00010
First Inventor:	Juergen Reinold et ar.

First Invento	or:	Juergen Reinold et an.	
Fitle:	VEHICL	E ACTIVE NETWORK	WITH BACKBONE

TRANSMITTAL	Title:	STRUCTUR	E TO THE T	WOIGE WITT	D. TOTED OT \L	. 25 E		
TRANSMITTAL	Express M	fail Label No.:	EL56874968	38US		24		
(Only	for new nonpro	ovisional applications	s under 37 CFR	1.53(b))	<del></del>	2 V 1		
APPLICATION ELEMENTS			Assistant (	Commissioner f	or Patents	<b>100</b>		
(see MPEP chapter 600 concerni		ADDRESS TO:		t Application	or ruicinis	1,		
utility patent application content				on, D.C. 20231		=		
					D. D. in alterations at least			
Fee Transmittal Form in d     (Submit an original and a duplicate	-	na)	7.		D-R in duplicate, larg ter Program (Append	-		
2. Applicant claims small ent		ng)	8.		or Amino Acid Sequ			
See 37 CFR 1.27	ity status		o		cable, all necessary)	iciice		
	tal Pages	27	a. [		lable Form (CFR)			
(preferred arrangement set			b.		equence Listing on:			
-Descriptive title of the inve				, <del></del>	OM or CD-4 (2 copie	:s);		
-Cross Reference to Related		s	i	ii. or pape		,,		
-Statement Regarding Fed s	ponsored R&	ξD	c.	Statements veri	fying identify of above	ve copies		
-Reference to sequ	ence listing,	a table,	ACC		PPLICATION PAR	•		
-Background of the Invention			9.	Assignment Pape	rs (cover sheet & docu	ment(s))		
-Brief Summary of the Invention	n			_				
-Brief Description of the Draw	ings (if filed		10.	37 CFR 3.73(b)	Power of Att	torney		
-Detailed Description				Statement (wh	nen there is an assign	ee)		
-Claim(s)			11.	English Transla	ition Document (if ap	oplicable)		
-Abstract of the Disclosure				. —	_			
			12.	IDS	Copies of IDS C	itations		
4. X Drawing(s) Total Sh	neets	8	13.	Preliminary A	mendment			
5. Oath or Declaration	_		14. X Return Receipt Postcard (MPEP 503)					
a. Newly executed (ori	ginal or copy	')	15.	Certified Copy	y of Priority Docum	nent		
b. Copy from a prior a	oplication (37	7	16.	Nonpublication	Request under 35 U	.S.C.		
CFR 1.63(d)) (for co	ontinuation/	divisional with	<u> </u>	_	i). Applicant must at			
Box 18 completed)				PTO/SB/35 or	r its equivalent.			
i DELETION (			17.	Other:				
Signed statement att								
inventor(s) named in								
see 37 CFR 1.63(d)(		•						
6. Application Data Sheet u	nder 37 CF.	K 1./0						
18. IF A CONTINUING APPLICATION,						Iment:		
Continuation Division	nal	Continuation-in	n- Part (CIP)	Prior A	ppl. No.			
Prior Appl. information: Exa	miner: [			Group	o/Art Unit:			
For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted								
application parts.  19. CORRESPONDENCE ADDRESS								
17. CORREST ONDENCE ADDRESS								
Customer Number or Bar Code Labo	,		or [	7 Corre	spondence address be	elow		
2 2 8 6 3								
Name S. Kevin Pickens								
Motorola, Inc. – La	w Departmen	ıt						
Address P.O. Box 10219		Ctata	<del></del>	A 7	Zin Codo	05071		
City Scottsdale Country U.S.A.	Telephone	State	480-441-4207	AZ Fax	Zip Code 480-441-	85271 5220		
Name S. Kevin Pickens	reiepiiolie		Registration		34,696	J		
2 1 01								
SIGNATURE S. L. KL				Date	August 31, 200	/1		

PTO/SB/17 (11-00)	PTO/SB/17 (11-00) Comp. if Known									
FEE Application		Number								
TRANSMITTAL Filing Date					_					
First Named		l Inventor		uergen Rei	hloni			-	<del></del>	
Patent fees are subject	to annual revision	Examiner N		+	dorgon (to.				<del></del>	<del></del>
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	(¢) 740 00	Group Art U		-			-		<del> </del>	
TOTAL AMOUNT OF PAYMENT	(\$) 710.00	Attorney Do	cket No.		A00010					
METHO	D OF PAYMENT				FEE	CALC	ULATION	(continu	ued)	
1. X The Commissioner is	s hereby authorized to charge		3. ADDI	TION	AL FEES					
indicated fees and cr Deposit Account Number	edit any overpayment to: 13-4771		Larg Entit		Sm: Enti					
Deposit Account Name			Fee	Fee	Fee	Fee	•			
Deposit Account Name	Motorola, Inc.		Code	(\$)	Code	(\$)	F	ee Descrip	tion	
X Charge Any Addit	ional Fee Required		105	130	205	65	_	- late filing		
Under 37 CFR 1.	•		127	50	227	25	Surcharge	- late Provi	sional filing	
Applicant claims s	small entity status.		139	130	139	130	Non-Englis	sh specificat	ion	
See 37 CFR 1.27	·		147	2520	147	2520	For filing a Reexamin	request for ation	ex parte	
2. Payment Enclosed:			112	920°	112	920*	, -	publication of	SIR prior to	
	Credit Money Card Order	Other	113	1840*	113	1840*	Examiner Requesting Examiner	g publication	of SIR after	
			115	110	215	55	Extension	for reply with	hin first month	
FEE (	CALCULATION		116	390	216	195			second month	
1. BASIC FILING FEE			117 118	890 1390	217 218	445 695		or reply within or reply within		
			128	1890	228	945	Extension	for reply with	hin fifth month	
Large Entity Small Fee Fee Fee	Entity Fee		119 120	310 310	219 220	155 155	Notice of A		t of an appeal	<u> </u>
Code (\$) Code	(\$)	Fee Paid	121	270	221	135		oral hearing		
	-		138	1510	138	1510			C USE proceeding	
101 710 201 36 106 320 206 16	, , , ,	710.00	140 141	110 1240	240 241	55 620		revive - una revive - unir		<b>—</b> —
107 490 207 24	• • •		142	1240	242	620		e fee (or reis		
108 710 208 35	· ·		143	440	243	220	Design iss			
114 150 214 7	5 Provisional filing fee		144 122	600 130	244 122	300 130	Plant issue		iccionor	
SUBTOTAL (1) (\$)710.00		123	50	123	50	Petitions to the Commissioner Processing fee under 37 CFR 1.17(q)				
2. EXTRA CLAIM FE		<u> </u>	126	180	126	180	Submission of IDS			
	Extra Fee from		581	40	581	40	-	•	assignment	
Total Claims 16 -20** =	Claims below = [	Fee Paid 0	146	710	246	355		times number dimission aft	er of properties) er final	
Independent 2 - 3** =	0 x 80 =	0					, ,	37 CFR § 1.		
Claims Multiple Dependent	270 =		149	710	249	355		idditional inv (37 CFR § 1	ention to be	
Large Entity Small Entity	[ 210 ] - [		179	710	279	355		-	Examination	
Fee Fee Fee Fee Code (\$)	Fee Descripti	on	169	900	169	900	(RCE) Request for	or expedited	examination	
103 18 203 9	Claims in excess of 20					000	•	application	S. S. T. T. T. G. S. T.	
102 80 202 40 104 270 204 135	Independent claims in excess Multiple dependent claim, if n		Other fee (	specify	" <del></del>		-			
109 80 209 40	** Reissue independent									
110 18 210 9	claims Over original patent  18 210 9 **Reissue claims in excess of 20									
	and over original patent									
SUE	BTOTAL (2) (\$)		*Reduced by Basic Filing Fee SUBTOTAL (3) (\$)							
**OR NUMBER PREVIOUSLY PAID, IF GREATER. For Reissues, see above  SUBMITTED BY  Complete (if applicable)										
SUBMITTED BY					1 - 1		<del>- , -</del>			
Name (Print/Type) S. Kevin	Pickens		Registrati	on No	24,696	1	Tele	phone	480-441-	<del>1</del> 20/
Signature	S.K. PL	_				м	lail Date	Augus	st 31, 200	11